

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>11-NOV-2016</b>		2. ADDRESS OF OCCURRENCE <b>1333 N CLEVELAND AVE CHICAGO, IL 60610</b>		3. LOCATION CODE <b>289</b>		4. SECTOR <b>1821</b>		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO	
6. POSITION <b>9161</b>		7. LAST NAME <b>BAKER</b>		8. FIRST NAME <b>THOMAS J</b>		9. STAR NO. <b>14366</b>		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
11. RACE CODE <b>WHI</b>		12. AGE <b>601</b>		13. HT. <b>604</b>		14. WT. <b>205</b>		15. DATE OF APPT. <b>27-AUG-2007</b>	
16. EMPLOYEE NO.		17. UNIT & SEAT OF ASSIGNMENT <b>018 1821R</b>		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
21. LAST NAME <b>JONES</b>		22. FIRST NAME <b>PIERRE</b>		23. M.I.		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE <b>BLK</b>	
26. D.O.B. <b>23-NOV-1963</b>		27. HT. <b>604</b>		28. WT. <b>180</b>		29. ADDRESS <b>1444 N CLYBOURN AVE CHICAGO, IL 60610</b>		30. TELEPHONE NO.	
31. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Appeared/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>ILLINOIS MASONIC MEDICAL CENTER</b>	
36. BY WHOM? <b>OR ORTEGA</b>		37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		38. CHARGES PLACED <input type="checkbox"/> DNA		39. CB NO. <b>19396499</b>		IR NO. <input type="checkbox"/> DNA	

40. SUBJECT'S ACTIONS		41. MEMBER'S RESPONSE		42. ASSAULT/ASSAULT		43. ASSAULT/BATTERY		44. ASSAULT/DEADLY FORCE			
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER THROWING PUNCHES/HEAD-BUTTS _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____		FIREARM <input type="checkbox"/> OTHER _____	

45. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		46. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member	
47. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		48. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
49. TASER PART ID NO.		50. WEAPON SERIAL No. (Include Letters)	
51. SPECIAL WEAPON CERTIFICATE NO.		52. PROPERTY INVENTORY NO.	
53. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		54. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
55. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		56. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
57. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input type="checkbox"/> 02 25 - 50 FT. <input type="checkbox"/> 03 50 - 75 FT. <input type="checkbox"/> 04 OVER 75 FT.		58. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)	

LOG # 1082952

1631601759  
HZ5108

<b>CASE INFORMATION</b>	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			<b>75. EVENT NO.</b> <b>1631601759</b>		
	78. ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 40px;"></div>					
<b>SIGNATURES</b>	79. REPORTING MEMBER (Print Name) <b>BAKER, THOMAS J</b> <b>11-NOV-2016 08:54:11</b>		STAR/EMPLOYEE NO. <b>14366</b>	SIGNATURE <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>76. R.D. NO.</b> <b>HZ510861</b>	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
	80. REVIEWING SUPERVISOR (Print Name) <b>EITEL, LISA A</b>		STAR NO <b>2075</b>	SIGNATURE <div style="background-color: black; width: 100px; height: 20px;"></div>		DATE REVIEWED    TIME <b>11-NOV-2016 09:22:05</b>

SUBJECT  
INFORMATION

NO. CHARGES PLACED

☐ DNA

720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/21-5-A, 720 ILCS  
5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

## LEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPON'S DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LEUTENANT WHERE A LEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

61. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender was taken to IL Masonic Hospital directly, so R/Lt was unable to interview him.

62. LEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Officer Baker explained that his police radio came out of his vest during the offender's attack. Officer Baker used the radio to hit the offender on the head to terminate the attack. Because of the location of the offender's injury and the instrument used, the R/Lt believes that further investigation is necessary.

63. LEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 903-J2-05.

64. LEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1082952 OBTAINED

65. LEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SCHMEER, PAULA C

66.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

67. DISTRIBUTION OF TRR

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO
  - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
  - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

TIME

11-NOV-2016 11:21:14